PROMED DME

Toll Free: 1-844-693-6316
Fax Order To: 844-972-1531
Email Order To: Neworders@promed-dme.com

Wound Care Physicians Order Form: Chart notes must include the need for the supplies ordered

Rep: _____ **Referral Source:** _____

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Email: _____

Insurance Policy: _____ ID #: _____

WOUND ASSESSMENT

	Wound #1	Wound #2	Wound #3
ICD-CM10 Code:			
Reason for Dressing:	☐ Surgical Wound ☐ Debridement/Surgical	☐ Surgical Wound ☐ Debridement/Surgical	☐ Surgical Wound ☐ Debridement/Surgical
Wound Type:			
Stage:	☐ I ☐ II ☐ III ☐ IV ☐ Unstageable ☐ Deep Tissue Injury	☐ I ☐ II ☐ III ☐ IV ☐ Unstageable ☐ Deep Tissue Injury	☐ I ☐ II ☐ III ☐ IV ☐ Unstageable ☐ Deep Tissue Injury
Wound Size: Should be reflective of documentation in medical record	L ____ W ____ D ____	L ____ W ____ D ____	L ____ W ____ D ____
Thickness:	☐ Partial ☐ Full	☐ Partial ☐ Full	☐ Partial ☐ Full
WND. Location: Body Part: Side:	_____ LT RT	_____ LT RT	_____ LT RT
Drainage:	☐ None ☐ Light ☐ Moderate ☐ Heavy	☐ None ☐ Light ☐ Moderate ☐ Heavy	☐ None ☐ Light ☐ Moderate ☐ Heavy

WOUND CARE PRODUCTS- ADVANCED DRESSINGS, FILLERS, PADS, & COVERS

	Wound #1 Product	Wound #1 Frequency of Change	Wound #2 Product	Wound #2 Frequency of Change	Wound #3 Product	Wound #3 Frequency of Change
Primary:						
Secondary:						
Tertiary:						

ADDITIONAL WOUND CARE ITEMS NEEDED

_____

PRESCRIBING PHYSICIAN INFORMATION

Name & Credentials _____ NPI _____

Signature _____ Signature Date _____

(Stamped signature not accepted)

Phone _____ Fax _____